MCXP-RMD-MC 23 December 1999

MEMORANDUM FOR CDR, GPRMC, ATTN: LTC John Felicio, Bldg. 3600, 3851 Roger Brooke Dr, Fort Sam Houston, TX 78234-6200

SUBJECT: Information Paper on Elimination of Sick Call for Permanent Party Service Members at Fort Leonard Wood, Missouri

- 1. During the GPRMC Managed Care Teleconference on 15 Dec 99, LTC Felicio tasked the Managed Care staff of General Leonard Wood Army Community Hospital, Fort Leonard Wood, Missouri to prepare an Information Paper on their curtailing or elimination of Sick Call.
- 2. Sick call procedures were changed for permanent party service members (SM) only. Initial Entry Trainees (IET) and other students still report to the Consolidated Troop Medical Clinic (CTMC) or the Hospital Acute Minor Illness Clinic (HAMIC) for sick call.

3. BACKGROUND AND PURPOSE.

- a. Sick call had been conducted in the Family Practice, Internal Medicine and the General Outpatient Clinics for permanent party SMs. In October 1997, procedures were changed to have all SMs report to the Hospital Acute Minor Illness Clinic (HAMIC), and then over the next couple of months, SMs were educated and directed to call the TRICARE Service Center to make an appointment with their Primary Care Manager (PCM) rather than reporting to the HAMIC for sick call. Within 3-4 months, all permanent party SMs were receiving their care from their PCM by appointment.
- b. Procedures were changed in an effort to encourage soldiers to see their PCM for all illnesses and to eliminate the long sick call lines as well as to return the soldier to his unit faster and with less downtime. We wanted to instill a sense of accountability for individual health care. Requiring appointments to their PCM helped foster the changes that were occurring in the health care system. In addition, we wanted to ensure the SM supported the PCM function of care for the entire family.
- c. This new concept was marketed to installation units and through command channels at every opportunity.

4. BENEFITS ACHIEVED.

- a. No long sick call lines; less down time or waiting for the service member and faster return to his/her unit.
- b. Servicemembers actively engage in their health care by planning for it when needed as well as improve continuity of care for both them and their families by receiving care from their assigned PCM.

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5. LESSONS LEARNED.

- a. Initially, soldiers were told to report very early in the morning to the Clinic where their PCM was located, either Family Practice or Internal Medicine. Many soldiers did not know or care who their PCM was a learning process ensued. Due to this, it was decided to centralize the location for sick call.
- b. The Commander, Deputy Commander for Clinical Services, and Chief, Division of Primary Care and Community Medicine began seeing and treating truly sick permanent party very early in the morning in a centralized location. All other permanent party who reported, but could wait for treatment, were escorted to a telephone to make an appointment with their PCM. After several weeks of education and marketing efforts, sick call for permanent party was totally eliminated.
- c. Walk-ins increased. We made the guarantee to Post that all active duty that needed to be seen would be seen on the same day. If the PCM is unavailable, the solider is at least seen in the same clinic. They learn to get all their care in the place their PCM is located.
- d. There needs to be more education concerning recommending quarters and light duty. The unit commander still makes the administrative decision. Commanders need to learn that they can make the decision for quarters or light duty without sending the soldier to sick call.
- 6. For further information please contact Mr. John Abshier, Chief, Managed Care at Comm (573) 596-0425/DSN 581-0425 or LTC Michael Deaton, Chief, Primary Care and Community Medicine at Comm (573) 596-0462/DSN 581-0462.

FOR THE COMMANDER:

MARY ANN MCAFEE
COL, MC
Deputy Commander for Clinical Services